DEPARTMENT OF HEALTH & HUMAN SERVICES

PHS/IHS/NAIHS
Gallup Indian Medical Center

Memorandum

Date: August 16, 2017

TO: Robert W. Leach, DO
Emergency Medicine

FROM: James Lisko, MD
Chief of Staff

SUBJECT: **NOTIFICATION OF REAPPOINTMENT APPROVAL**

On August 16, 2017 the GIMC Credentials Committee, acting as the Governing Body discussed your application and approved the attached privileges. The time period for the approved privileges are September 18, 2017 to September 17, 2019 with Associate membership.

If there are any changes with your credentials during the appointment period, you are required to notify the Medical Staff Office within 30 days.

We would like to thank you for your dedication to the patients at Gallup Indian Medical Center.

James Lisko, MD
Chief of Staff

cc: Credentials file

Exhibit 6

RECOMMENDATIONS AND APPROVALS FOR REAPPOINTMENT

Provider: **ROBERT W. LEACH, DO**

A. **DISCIPLINE-SPECIFIC SUPERVISOR:**

☒ **I do** ☐ **I do not** recommend appointment to the medical staff as requested.

COMMENTS: _____

Signature: _____ Date: 8/16/17

B. **CHIEF OF STAFF:**

After reviewing the statements of the applicant, the recommendation of the discipline-specific supervisor or consultant, and the results of our evaluation, the Credentials Committee:

☒ **RECOMMEND APPOINTMENT AS:** ☐ **Provisional** ☐ **Associate Provisional** ☐ **Active**

☐ **Consultant** ☒ **Active Associate**

☐ **DOES NOT RECOMMEND**

COMMENTS: _____

Signature: _____ Date: 8/16/2017

Chief of Staff

C. **CHIEF EXECUTIVE OFFICER:**

After reviewing the statements of the applicant, the recommendation of the discipline specific supervisor or consultant, and the recommendation of the Credentials Committee, the Executive Committee:

☑ **Does** ☐ **Does not** recommend appointment as noted above.

COMMENTS: _____

Signature: _____ Date: 8/16/17

Chief Executive Officer

D. **THE GOVERNING BODY:**

After reviewing the statements of the applicant, the recommendation of the discipline specific supervisor or consultant, the recommendation of the Credentials Committee and the recommendation of the Executive Committee, the Governing Body:

☑ **Does** ☐ **Does not** grant appointment.

COMMENTS: _____

Signature: _____ Date: 8/16/17

Governing Body

09/08/15

Exhibit 6

Robert W. Leach, DO
Provider Name

GALLUP SERVICE UNIT
EMERGENCY MEDICINE
MEDICAL STAFF PRIVILEGES REQUEST FORM

This privileges request form must be accompanied by a completed application for medical staff appointment, including the necessary supporting documents. All applicants for privileges must meet general standards for medical staff membership as outlined in the medical staff bylaws.

To request privileges the following are the minimal requirements:
- M.D. or D.O.
- Successful completion of an Accreditation Council for Graduate Medical Education or American Osteopathic Association approved post-graduate residency in emergency medicine or equivalent.

The following is highly recommended:
- Board certification by the American Board of Emergency Medicine (American Board of Medical Specialties or American Osteopathic Association).
-Alternate pathway that demonstrates competency in Emergency Medicine (The following was obtained from the American Board of Emergency Medicine)

1. Practiced and/or taught Emergency Medicine a minimum of 60 months
2. Accumulated a minimum of 7000 hours in the practice and/or teaching of Emergency Medicine
3. Fifty hours of continuing medical education in Emergency Medicine, acceptable to the to the board, must be completed for each complete year in practice after 1973

INSTRUCTIONS:
Applicants for privileges in emergency medicine should indicate the clinical privileges being requested in Section A (page 2), sign in Section B (page 3), and return the privilege application to the GSU Medical Staff Office. We will send the completed privilege application to a physician familiar with the applicant's clinical competence, (ie: residency director, chief of service or chief of staff at former site of medical practice), who will complete Section C (page 3). Please do not fill out Section D. This form will then be returned to the GSU Chief of Staff for review.

DEFINITIONS:
Core Privileges in Emergency Medicine (see Section A. I.) - The American College of Emergency Physicians (ACEP) defines a qualified emergency physician as "one who possesses the training and experience in emergency medicine sufficient to evaluate and initially manage and treat all patients who seek emergency care." In accordance with ACEP guidelines, below find a description of the knowledge and skill expected of those who hold core privileges in emergency medicine.

1) A central core of knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care, and neoplasia.
2) Specialized knowledge and skill relating to the assessment, work-up, and provision of initial treatment to patients who present any illness or injury, condition or symptom in the emergency department. An emergency physician is expected to provide those services necessary to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients

received
8/4/17 CMN

Exhibit 6

who present major illnesses or injuries, and assess all patients in order to determine whether more definitive services are necessary.

Robert W. Leach, DO

SECTION A

CORE PRIVILEGES	Applicant Request	Department Chief Approval	GSU Chief of Staff Modifications (if none, leave blank)
Core Privileges: to evaluate and initially manage and treat all patients who seek emergency care	✓	✓	
Neonatal/Pediatric Procedures (age <16):			
Arterial Puncture/ABG			
Venous Cutdown			
Central Line Placement			
Umbilical Artery/Vein Catheterization			
Endotracheal Intubation			
Ventilator Management			
Paracentesis			
Thoracentesis			
Pericardiocentesis			
Chest Tube Placement			
Lumbar Puncture			
Arthrocentesis/Intraarticular Injection			
EKG Interpretation			
Adult/Procedures (Age > 16):			
Arterial Puncture/ABG			
Arterial Line Placement			
Venous Cutdown			
Central Line Placement			
Endotracheal Intubation			
Ventilator Management			
Electrical Cardioversion			
Transvenous Pacemaker Placement			
External Pacemaker Usage			
Paracentesis			
Thoracentesis			
Pericardiocentesis			
Chest Tube Placement			
Lumbar Puncture			
Arthrocentesis/Intraarticular Injection			
Anoscopy			
EKG Interpretation			
OB/GYN Procedures:			
I & D of Vulvar/Perineal Abscess			
Emergency Delivery			
Other Miscellaneous Procedures:			
Ingrown Toe Nail Removal			
I & D of Routine Skin Abscess	✓		
I & D of Perirectal Abscess			

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Repair of Simple Lacerations	✓	ES	
Repair of Complex Lacerations			
Local Anesthesia			
Regional Nerve Block			
Reduction of Joint Dislocation			
Fracture Reduction, (Closed)			
Splint Application			
Cast modification/removal			
Removal of Ear/Nose Foreign Body			
Removal of Eye/Corneal Foreign Body			
SEDATION:			
Minimal sedation (anxiolysis) – As defined by the joint commission is "a drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected.			
Moderate sedation/analgesia ("conscious sedation") – A drug-induced depression of consciousness during which patients response purposefully to verbal commands, either alone or accompanied by light tactile stimulation (current ACLS certification required).			

SECTION B

I hereby request the clinical privileges as indicated on the attached forms and attest that I am adequately trained and competent to perform them.

Applicant

8/4/17
Date

SECTION C

I acknowledge that I have reviewed the privileges requested by the applicant _____, and agree that granting such privileges appears reasonable in light of the applicant's educational training and demonstrated clinical competence with the following exceptions **(If no exceptions please write "NONE").**

E

Signature of Prior Residency Director, Department Chief or Chief of Staff, Associate or Partner

8/14/17
Date

Chief ED

Name, Title and Name of Facility, (Printed)

Robert W. Leach, DO

Under the authority delegated to me by the Governing Body of the Gallup Service Unit and the Medical/Dental Staff Bylaws, I hereby grant temporary clinical privileges:

X Not Applicable
___ As Noted
___ With the following exceptions, deletions, additions or conditions:

N/A

___ Chief of Staff
___ Clinical Director
___ Chief Executive Officer

Date

CHIEF OF STAFF/CLINIC DIRECTOR:

✓ Recommend membership _____ as requested _____ as noted
_____ DO NOT recommend membership

COMMENTS

Signature

8/16/2017
Date

CHIEF EXECUTIVE OFFICER:

✓ Concur _____ Do not concur with the recommendations noted above.

COMMENTS

Signature

8/16/17
Date

GOVERNING BODY:

✓ Concur _____ Do not concur with the recommendations noted above.
_____ MEMBERSHIP is _____ APPROVED _____ DENIED

COMMENTS

Signature

8/16/17
Date

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